

COMMUNICABLE/TRANSMITTABLE DISEASES

Directive: **6.68**

A. INTRODUCTION

Communicable and Transmittable diseases are fast approaching as the most serious health problem to confront the nation as a whole. Acquired ImmunoDeficiency Syndrome (AIDS) has become an extremely emotional issue, that has engendered a great deal of fear and apprehension, along with misinformation, within the Law Enforcement community. It has evolved into two (2) direct issues; first, there is some evidence that suspects and offenders whom the police deal with on a daily basis tend to have a higher frequency rate for this disease than the general population; secondly, since Law Enforcement officers are required by the nature of their duty to come in contact on a daily basis with prostitutes, intravenous drug users, and other members of the "High Risk Groups," they have an ever present fear of being infected. In order to promptly and professionally deliver the services required to these individuals, it is necessary for all Law Enforcement officers to handle the situations with accurate information and sound judgement.

B. THE CAUSE, TRANSMISSION AND INCIDENCE OF COMMUNICABLE DISEASES.

In our discussion on this subject, which includes the range of communicable and/or transmittable diseases (AIDS, Hepatitis, Tuberculosis and Herpes), most of our information will center around the number one problem, that of AIDS. The manner for communicating and/or transmitting this disease is comparable to that of the other diseases mentioned. We therefore limit our discussion to AIDS.

AIDS is a disease which undermines the human body's immune system, rendering the individual susceptible to a range of "opportunistic: infections, malignancies and other diseases which would not generally be thought of as being life-threatening to a normal person with a normal immune system in place.

AIDS is caused by a virus known as **Human Immunodeficiency Virus (HIV)**. HIV infects and destroys certain white blood cells, thereby undermining that part of the body's system which is capable of fighting off this infection. Infected person(s) with or without symptoms may still be able to transmit the infection to others.

AIDS is almost always FATAL, with most of its victims expiring in two years or less, after symptoms of the disease become noticeable.

The actual period during which the AIDS virus will grow within the human body, called the "incubation period," can range from three to five years. To be considered as a AIDS carrier or one infected with the disease, the C.D.C. (Center for Disease Control) has defined this type of individual as, a person who must have one or more "opportunistic infections" or cancers in the absence of all other known underlying caused of immune deficiency. Other symptoms of AIDS virus or HIV infection are as follows: fever, diarrhea, persistently swollen lymph nodes. Patients who have symptoms of AIDS or HIV infection, but who do not meet the criteria established in the definition from the C.D.C., are considered to have **ARC or AIDS Related Complex.**

1. Transmission

According to the C.D.C., there is extremely reliable information on the means of transmission of HIV infection and AIDS. The AIDS virus, as with Hepatitis-B, is transmitted exclusively through exposure to contaminated blood, semen or vaginal secretions. This occurs primarily through sexual intercourse an/or needle sharing activities with known drug users and prostitutes. There is absolutely no evidence of transmission of the HIV virus or AIDS through casual contact.

As with any sexually transmitted disease, the risk of infection increased proportionately as the number of sexual relations or partners increase. Although commonly identified as a homosexual disease, AIDS now has begun to affect the heterosexual lifestyle, in that information and research has indicated that there is potential for infection through normal heterosexual intercourse, male-to-female and female-to-male.

HIV infection or AIDS is difficult to transmit and the virus itself is very fragile when outside the human body. The virus is very susceptible to heat, common household detergents and to normal hygiene such as soap and water. A solution of 1.9 household bleach to water will disinfect most areas of contamination.

Digressing to the area of casual contact, the C.D.C. emphasizes that the virus cannot be spread by sneezing, coughing, breathing, hugging, handshaking, sharing eating utensils or drinking glasses, using the same

toilet facilities, or other forms of non-sexual contact or activity. This has been the area of the most misinformation causing the most alarm.

C. OPERATIONAL ISSUES

In the field of Law Enforcement, the daily routine of searches, assaultive behavior by suspects, bites, evidence handling, CPR and body removal, all becomes increasingly more suspect when the possibility of AIDS or HIV infection is present. Although these activities can bring the Law Enforcement Officer in close proximity to person(s) who may not be infected, yet there remains the unanswered questions in the back of the officer's mind. However, it is generally accepted that knowledge of the circumstances involved in the transmission of the disease, as well as overall experience in the field of Law Enforcement, will tend to calm the unrealistic fears associated with AIDS and HIV infection. In addition, the C.D.C. reports that despite sizeable concerns expressed by Law Enforcement Officers in general, there have been very few incidents reported where officers have been exposed to the AIDS virus in the line of duty, or even believed that they may have been exposed. None of these incidents resulted in infection or illness to the officers.

While the Department is unable to recognize all the associated risks with this disease, a standard policy or procedure must be followed whenever there is the potential for infection. The C.D.C. has recommended the following procedures be used as a guideline in preventing HIV transmission in the work place.

1. Thoroughly washing hands after contact with any individual known to be, or suspected of being, infected with HIV;
2. Use of protective gloves where there is a likelihood of contact with blood or body fluids of an individual known to be, or suspected of being, infected with HIV;
3. Prompt clean-up of blood or body fluids spills with a 1.9 solution of household bleach.

Behaviors of particular concern among Law Enforcement Officers are biting, spitting and throwing of urine or feces. These types of behavior occur in police work, which may include arrest situations, domestic disputes, routine interrogations and physical operation of the lock-up area. The officer who becomes the victim of one of these types of

attacks cannot be infected by the blood of the person committing the bite unless that individual has blood in his or her mouth which comes into the contact with the victim's blood. Furthermore, the HIV virus has been isolated in only very small concentrations in saliva and urine, and not at all in feces. Therefore, these bodily fluids present no great danger of transmission of the HIV virus during the course of normal police activity.

This department has instituted procedures for immediate actions to take if an officer is bitten by any individual, whether or not that individual is suspected of being infected with HIV. These actions are:

1. Encourage the wound to bleed by applying pressure and "milking the wound";
2. Wash the area thoroughly with soap and hot water; and
3. Seek medical attention at the nearest hospital.
4. All procedures contained in Directive 6.42 (sickness and injury), in particular, Section "B" Injury, pages 6.42 (2) through 6.42 (5) will be followed explicitly.

Another area of police work which may need to be addressed in this light is the area of searches during which officers have the possibility of being stuck by needles, thereby sustaining cuts or puncture wounds. This can occur also when officers are handling evidences in addition to the previously mentioned searches. The response of this department to this problem will be threefold:

1. Emphasize the importance of using caution when searching pockets, motor vehicles, or any places hidden from view and when handling potentially contaminated evidence;
2. Make protective gloves available for use in searches; and
3. Educate all personnel on the results of studies of health care workers with needle stick injuries, which show that the risk of infection even by this means is very low.

All evidence technicians should wear protective gloves when dealing with crime scenes which contain blood or body fluids and it cannot be determined whether it is from a suspected infected person. Also, all evidence of this nature should be placed into puncture-proof containers, and said

containers labeled in a way that would indicate the possibility of infected materials and that caution should be used in its handling.

In responding to crime scenes which may necessitate the removal of a dead body, although in most cases this will be done by the staff of the Medical Examiner's Officer, it is wise to continue to maintain compliance with standard crime scene procedures, that is, do not touch anything, this will prevent any transmission of infection to the officers present.

In the area of CPR or first aid, it is wise when confronted by this situation to utilize gloves, breathing apparatus and to cover all cuts or abrasions to set up a "self-help barrier" against infection and to carefully wash all exposed areas after any contact with blood or body fluids.

In summation, at this point in time, there is no way to respond to every known possibility for infection by AIDS or HIV virus; however, common sense and keeping informed on the issues and answers will for all intents and purposes keep you from being infected with any transmittable or communicable disease. As an adjunct to the presentation in this Directive, the following three tables are guides or ready references and answer most of the common questions surrounding AIDS and HIV virus. Refer to them when in doubt.

**Appropriate Educational and Action Messages
to Address AIDS-Related Concerns
of Law Enforcement**

Issue/Concern	Educational and Action Messages
Human Bites	Person who bites is typically the one who gets the blood; viral transmission through saliva is highly unlikely. If bitten by anyone, milk wound to make it bleed, wash the area thoroughly and seek medical attention.
Spitting	Viral transmission through saliva is highly unlikely.
Urine/Feces	Virus isolated in only very low concentrations in urine; not at all in feces; no cases of AIDS or HIV infection associated with either urine or feces.

Cuts/Puncture Wounds	Use caution in handling sharp objects and searching areas hidden from view; needle stick studies show risk of infection is very low.
CPR/First Aid	To eliminate the already minimal risk associated with CPR, use masks/airways; avoid blood-to-blood contact by keeping open wounds covered and wearing gloves when in contact with bleeding wounds.
Body Removal	Observe crime scene rule: Do not touch anything; those who must come into contact with blood or other body fluids should wear gloves.
Casual Contact	No cases of AIDS or HIV infection attributed to casual contact.
Any Contact With Blood	Wash thoroughly with soap and/or water; clean up spills with 1.9 solution of household bleach.

Relationships Among Exposure, Infection, HIV Seropositivity and Development of ARC or AIDS

Stage	Meaning	Relationship to Previous Stage(s)
Exposure	Individual has contact with HIV in a way that makes transmission possible (e.g., sexual contact or needle-sharing activity)	
Infection	Individual is infected with HIV. Infection may be permanent or body may successfully combat the virus.	Unknown, although multiple exposures probably increase the risk infection.
Sero-positivity	Individual has antibodies to HIV, meaning that infection has occurred at some time in the past. ELISA test cannot pinpoint date of infection or determine whether	CDC considers ELISA test a reliable indicator that infection has occurred at some time. Reliability increases with repeat

	individual remains infected.	ELISA and Western Blot Test.
ARC	Presence of a combination of conditions together giving evidence of infection with AIDS	CDC estimates that 25 percent of sero-positive individuals will probably virus.develop ARC. However, this estimate is uncertain due to the lengthy incubation period.
AIDS	Illness characterized by one or more opportunistic infections at least moderately indicative of underlying cellular immunodeficiency.	The Institute of Medicine, National Academy of Sciences estimates that 25-50 percent of seropositives will develop AIDS within 5-10 years of infection and that more than 90 percent show some immune system deficiency within five years of infection.

AIDS FACT SHEET

1. AIDS is not easy to catch and is not spread by casual contact. Fear among people who are not in high risk group is unwarranted and counter-productive.

The AIDS virus is transmitted in blood cells and semen and must enter the blood stream to survive and multiply. It is a venereal-type disease and can be spread by both homosexual and heterosexual contact. Anal sex is considered very risky and oral sex may be risky.

The AIDS virus is very fragile and does not live long outside the body. When compared to Hepatitis B, which can live up to 20 hours. The AIDS virus dies in approximately six minutes.

2. The evidence is overwhelming that AIDS is transmitted primarily by sexual acts between consenting individuals or by sharing drug abuse paraphernalia. However, there is a slight possibility of transmission by:
 - a. Receiving blood transfusion (becoming rarer because of blood test to detect AIDS HIV virus).
 - b. Infected mother to fetus during pregnancy and/or

from an infected mother through nursing her infant.

- c. Accidental needle-stick, cuts, abrasions and mucous membrane (eyes and mouth) exposure to blood or other body fluids of an infected person.
3. For protection it is necessary to build a self-help barrier. The skin is the greatest protection against infections and transmissible diseases. Open wounds should be covered while at work. A bandage or dressing should be changed if it becomes wet or soiled. A fresh sore can possibly give the virus a means of entry if exposed to infected blood or body fluid. It is important to protect the hands especially if open cuts or wounds are present. Wear disposable gloves when in contact with body fluids of others.

If there is a possibility of contact with body fluids, such as at the Medical Examiner's Office during autopsy, eye coverings, masks and gowns are available and should be used.

When accidents occur in the work place and equipment or vehicles are contaminated with blood or other body fluids from any person, whether infected or not, the area should be disinfected with bleach and water and then cleaned with soap or detergent.

Wash hands or exposed area thoroughly and immediately if accidentally contaminated with any amount of blood or body fluid. Washing hands after contact with any material that could contaminate is advisable.

If blood or body fluid contaminates clothing, use a packaged alcohol wipe as soon as possible. Contaminated clothing should be laundered or cleaned by:

- a. Washable fabrics should be laundered in a Pinesol Solution or bleach solution if the fabric is compatible with bleach.
 - b. Blood and body fluid stains in fabrics requiring dry cleaning should be diluted in cold water and placed in a plastic bag prior to cleaning.
4. Use extraordinary care while conducting searches of vehicles, suspects/arrestees, homes, etc. Never blindly place hands in areas where there may be sharp

objects that could puncture the skin.

5. To prevent needle skin injuries, do not try to recap or otherwise manipulate a needle or syringe by hand.
6. AIDS HOTLINE
(203) 871-AIDS or toll free 1-800-922-AIDS

D. CONTAGIOUS DISEASE TESTING

There is nothing contained in this document which will preclude the proper and systematic reporting of injuries/illnesses as a result of possible contagion, obtained while in the performance of departmental duties. Although the procedures outlined are specific for HIV Virus contamination (AIDS) some other contagion will require the same manner of testing.

The following will be adhered to by all personnel. Specific guidelines for the reporting of injuries/illnesses for contained within Directive 6.42, and should serve as a further guide concerning the submission of reports and Workman's Compensation forms. The below policy described the testing policy for HIV antibodies.

1. In an indirect involving police personnel having direct contact with a confirmed HIV positive individual, the officer(s) will be informed of such, and will be offered the opportunity to be tested for the HIV antibody.
2. In an incident where an officer(s) sustains a duty-related wound as a result of contact with any individual, he will be offered the opportunity to be tested for the HIV antibody.
3. In an incident where an officer(s) sustains duty-related direct skin contact with blood or other body fluids of an individual, he will be offered the opportunity to be tested for the HIV antibody.
4. In any incident where, as a result of being on a crime or accident scene in which quantities of blood or other body fluids are present, the officer(s) feel concern for his/her health status, he/she will be offered the opportunity to be tested for the HIV antibody.
5. In any of the above cases, the officer(s) will also be offered the opportunity to be tested for the presence of Hepatitis. Testing for contagious diseases other

than Hepatitis and prophylactic measure for same will be performed at the discretion of the City Medical Dispensary or, in emergency situations, at the direction of the treating physician. An example would be testing for Tuberculous in applicable cases.

6. Any possible exposure to contagious disease will be documented in writing by the involved officer's supervisor. When no attendant injury is sustained by the involved officer, documentation will be in the form of a departmental report.

A copy of this report will be forwarded to the Medical Dispensary. The original will be filed in the involved officer's personnel folder. When an attendant injury, such as a laceration, is sustained, the documentation will be in the form of a first report of injury, which will be handled (Directive 6.42 (B)).

7. Testing for the HIV antibody will be voluntary on the part of the officer(s). Officer(s) may choose to:
 - a. Obtain testing through a laboratory under contract with the City;
 - b. Obtain testing through their personal physician, at their own expense, or;
 - c. Obtain testing at a public health facility, at their own expense, if any.
8. Testing for all other contagious diseases will be voluntary on the part of the officer(s), except in those cases where the City Physician determines that testing is needed to determine whether the officer(s) presents a hazard to others as a result of his exposure. In such cases testing will be mandatory and will be conducted at a medical laboratory under contract to the City.
9. Voluntary testing for a contagious disease, when performed at a laboratory under contract to the City, will result in a laboratory report being submitted to the Medical Dispensary. The laboratory results will be provided to the officer(s) by the Dispensary staff. The original copy of the report will be filed in the officer's medical records at the Dispensary. Laboratory findings will not be revealed to other personnel, including police supervisory personnel, without the written permission of the officer(s) involved, unless the officer is shown to be infected with a contagious disease that makes him a hazard to others in a duty assignment.

10. Voluntary testing performed at the Officer's own discretion at a laboratory other than that under contract to the city will not result in test results being provided to the city unless the officer requests so at the time of testing.

E. Notification of Emergency Medical Providers of Persons with Communicable Diseases.

Under Chapter 12A of Title 16, Delaware Code, emergency care providers, (police, paramedics, fire fighters, etc.) can request notification concerning exposure to a communicable disease if the exposure is of a manner known to transmit a communicable disease. The officer shall notify the receiving medical facility (any licensed hospital or freestanding medical care facility that receives patients cared for by emergency services personnel) within 24 hours after the patient is admitted to or treated by that facility. Notification will be made on a form that this law requires the medical care facility to provide. It also requires the facility to notify only the name of the person the officer wants notified. The officer has the option to also place the name of his/her physician on the form and they will also be notified.

The emergency care provider (the officer) will be notified within 10 days after the patient is admitted to or treated by the receiving medical facility only if that patient is infected with a communicable disease and exposure was of a manner known to transmit the communicable disease.

The receiving medical facility will provide the officer with the following:

1. An explanation of the communicable disease;
2. Information about post-exposure treatment;
3. Information about the mode of transmission, and preventive measures which can be taken to reduce the likelihood of transmission to others; and
4. Information about counseling.

It should be noted that the receiving medical facility is also required to notify the Division of Public Health and Social Services.

A "First report of injury" is to be completed stating that the officer may have been exposed to a communicable disease. This is necessary to provide the officer with treatment benefits. Any results of an HIV related test are required by this law to be kept confidential.

